



# Coordinators' Communique

## State Health Plan Prevention Partners

August 2007/September 2007

Dear Prevention Partners Coordinator:

### **Request Your Screening Now!**

On the back of this issue of Coordinator Communique, you will find a copy of our Screening Request Form. We hope this will make it easy for you to request your screening for 2007 if you haven't done so already or to go ahead and request your screening for 2008.

While we are proud of the work all of our healthcare providers do, we are lucky enough to have one provider under contract with us who will go anywhere in the state to conduct a screening for a minimum of just 15 participants. And anyone can volunteer to bring a screening to their worksite. Once we confirm your screening date with a healthcare provider, we will send you a screening implementation kit, which will include your confirmation letter and everything you will need to sign people up at your worksite. Volunteering to be the coordinator of your worksite's screening is easy and requires very little time. Why drive somewhere else to be screened, when you can be screened right at your very own worksite. So fill out the back of this form and fax it in to us at (803) 737-0557 today!

### **Preventive Worksite Regional Screenings**

For those who would like to participate in one of our regional screenings, the next two are listed below followed by the link to obtain a registration form:

August 16, 2007                      Greenwood                      Greenwood County Courthouse  
[http://www.eip.sc.gov/publications/August\\_2007\\_Greenwood.pdf](http://www.eip.sc.gov/publications/August_2007_Greenwood.pdf)

September 12-13, 2007                      Columbia                      Capital Center (SouthTrust Building)  
To be posted soon @ <http://www.eip.sc.gov/prevention/index.aspx?p=2>

For more information contact Elliott McElveen at (803) 737-0112 or email him at [emcelveen@eip.sc.gov](mailto:emcelveen@eip.sc.gov).

### **Stress Management Workshops**

On Monday, August 13, 2007, and again on Thursday, August 16, 2007, Prevention Partners will offer a FREE workshop on Stress Management. The workshop will be held in the afternoon from 3:00PM to 4:00PM on Monday and in the morning from 10:00AM - 11:00AM on Thursday at the Capital Center, Department of Commerce, 15<sup>th</sup> floor Auditorium, 1201 Main Street in Columbia. This seminar will address key components needed to understand what your stressors are and how to successfully cope. This is a fun workshop where you will learn lifetime skills to manage stress. For a registration form, please go to the following link: <http://www.eip.sc.gov/publications/ColaStress8-13,16-07.pdf>

### **Contents of this mail-out are:**

August/September Coordinators' Communique  
August Bulletin Board Service  
September Bulletin Board Service

# WORKSITE SCREENING

## Request Form

Please complete this screening request form when you have determined the date, time, location and number of employees who wish to be screened at your worksite. Return the completed form to Prevention Partners 6 weeks before your proposed screening date.

Your Name:		
Worksite Name:		
Worksite Address:		
City:	State:	Zip:
Telephone:	FAX Number:	E-mail Address:
Location of Screening (Please include room name or number and attach directions if necessary):		
<div>Screening Provider:</div> <div><input type="checkbox"/> Same as last year/last screening</div> <div><input type="checkbox"/> Please assign a different provider from the one that did my last screening</div> <div><input type="checkbox"/> This is my first screening</div> <div><input type="checkbox"/> Special requests/Comments: _____</div> <div>_____</div>		
Proposed Dates of Screening:		
1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____ 3 <sup>rd</sup> Choice _____		
Starting Time:	Expected Number of Participants:	
Signature:		Date:
Does your worksite have a Prevention Partners coordinator?		<input type="checkbox"/> No <input type="checkbox"/> Yes — Name: _____
<div>Mail or FAX completed form to:</div> <div>Prevention Partners</div> <div>Employee Insurance Program</div> <div>1201 Main Street, Suite 300</div> <div>Columbia, SC 29201</div> <div>Telephone: (803) 737-3820</div> <div>FAX: (803) 737-0557</div>		